

OSA Form 20

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RESERVATION OF FUNDS FOR TELECOMMUNICATIONS SERVICES		Order No.: <span style="border: 1px solid black; padding: 2px 10px;">1</span>	Amendment No.: <span style="border: 1px solid black; padding: 2px 10px;">2</span>
		Date: <span style="border: 1px solid black; padding: 2px 10px;">3</span>	
Ordering Agency: <span style="border: 1px solid black; padding: 2px 10px;">4</span> Has Address Changed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Supplying Agency: DEFENSE TELECOMMUNICATIONS SERVICE-WASHINGTON ATTN: RESOURCES BRANCH RETURN TO: SUITE 1475 <span style="border: 1px solid black; padding: 2px 10px;">5</span> 1700 N. MOORE STREET ARLINGTON, VA 22209	
Submit Billings to: <span style="border: 1px solid black; padding: 2px 10px;">6</span> Has Address Changed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Funds Chargeable: <span style="border: 1px solid black; padding: 2px 10px;">7</span>	
Request telecommunication service be furnished through Defense Telecommunications Service-Washington for the period indicated below. The estimate cost of this order will be adjusted at such time as the original amount is found to be inadequate or excessive. At the date of expiration for obligation of the funds to which this order is charged, the amount of the order will be adjusted to the amount of the charges accrued on that date.			
DESCRIPTION OF SERVICES TO BE PERFORMED: For telecommunications services furnished through the Department of Defense consolidated telephone system during the period shown below.			
Period Covered By This Order: <span style="border: 1px solid black; padding: 2px 10px;">8</span> Estimated Costs For The Fiscal Year: (By Quarter) QTR: AMOUNT: 1..... 2..... 3..... 4..... FY Total:.....		Amount of This Order: <span style="border: 1px solid black; padding: 2px 10px;">9</span>  RETURN NLT: <span style="border: 1px solid black; padding: 2px 10px;">10</span>	
I certify that the services listed above are properly chargeable to the cited funds, the available balance of which is sufficient to cover the cost thereof.			
Typed Name and Grade of Certifying Officer: <span style="border: 1px solid black; padding: 2px 10px;">11</span>  Point-of-Contact: <span style="border: 1px solid black; padding: 2px 10px;">12</span>  Telephone Number		Signature of Certifying Officer: <span style="border: 1px solid black; padding: 2px 10px;">13</span>  Date:	
Services will be furnished as requested, subject to revision of estimated costs as actual use of the service indicated.			
Defense Telecommunications Service-Washington <span style="border: 1px solid black; padding: 2px 10px;">14</span>		Signature: DTS-W <span style="border: 1px solid black; padding: 2px 10px;">15</span> Date:	